U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4677			2. Fiscal Year Covered From:				
			1 / 1 /	2004 Through:	12 / 31	/ 2004	
3. Nam	e and address of person filing.	4. Nan	ne, file number, and a	ddress of labor org	anization.		
Name	Jeff White	Nam	e I.B.E.W. Lo	ocal #4	· · · · · · · · · · · · · · · · · · ·	Militaria managaja garamizinga ya 13.1 yi	
		Labo	r Organization File Nu	ımber 036-27	2		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street	1610 South Kingshighway	Stree	et 1610 South K	ingshighway	de engage per de contrate por es premiones produces que produce per en contrate de contrate de contrate de con Contrate de contrate de la contrate de 200 de 2	MATERIAL Process from the same companies of	
City	St. Louis	City	St. Louis	manna da di mananang mangagapapapapapananang ng mg	***************************************		
State	Missouri ZIP Code + 4 63110	State	Missouri		ZIP Code + 4	63110	
5. Positi	on in labor organization. President			and a second			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A 11-1-1							
moneta	an interest in, engaged in transactions (including loans) with, or ry value from an employer whose employees your organizations.	derived on repre	ncome or other eco esents or is actively	nomic benefit of seeking to repre	sent.		
6. Name	and address of Employer (including trade name, if any).	7.a. Na	ture of Interest, Trans	action, or Income.	Receivables de la chemite con accessor a pare a que	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name		WYTHER WAS PROPERTY.	\$:	
Trade I	Name, if any:	OCTTO-ACADOMOGRAPAS				:	
P.O. B	ox, Bldg., Room No., if any		edalaja merometara militari konservista konserti konserti konserti eta 1820 - 1820 - 1821 - 1821 - 1821 - 1821	en de titure de trades aussens (freuen en destamen en genere en en	Promoto market in agreement and agree	We the plane of systems of the period of the	
Street		7.b. An	nount.				
Sueet							
City				ed to the transfer of the tran			
State	ZIP Code + 4						
	Sign	ature					
submi	gnature and verification. The undersigned declares, under penalty of lated in this report (including the information contained in any accompany signed's knowledge and belief, true, correct, and complete. (See the sec	Perjury a	ments) has been evar	mined by the cianat	that all of the info tory and is, to the	ormation best of the	
Sign	ed Afflante	_	7/6/05	Annual Control of the	and and to state the second of	HHIAQSHI AHAA AHAA AASAA LAA	
Signe	W// 0	On	7/5/05 Date	314 664-02	elephone Numbe	rational design of the same of	
	<i>U</i>		-	•			

Name of Person Filing Jeff White	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.						

`	12.b. Amount.						
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						